

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs. 4 mos. 23 days  
(Specify whether  
In this community About 44 years  
years, months or days)

3. (a) PRINT FULL NAME LUCY LANGLEY

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Samuel Langley 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 7, 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Woollan Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Joseph Woollan  
13. Birthplace Unknown England  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Steitz  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Langley

(b) Address 3610 Palm

17. (a) Burial (b) Date thereof 1-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director A. Kron & Co

(b) Address 777 N. Grand

19. (a) JAN 2 1942 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 712 Walton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1  
year 1942 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from 8-10-36, 1936, to 1-1-42, 1942;  
that I last saw him en alive on 1-1-42, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Myocardial degeneration (8-10-36x)  
Due to Senility (8-10-36x)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Anthony K. Burch (M. D. or other)  
Address 5300 Arsenal Date signed 1/2/42

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Paul F. Kurlenberg*

Licensed Embalmer No. *2231*

P. O. Address..... *2707 N. Grand Blvd*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**